

Substitute Caregiver Orientation Record

(Specific only to this home)

Please print or type the following information:

Caregiver's full name _____

Caregiver's address _____

Phone number home: _____ cell: _____

Application for employment Yes _____ No _____
(answered question about substantiated abuse)

Date completed Foster Care Basic Training Course (attach copy of certificate) _____

Criminal Record Check Yes _____ No _____

Date submitted _____ Date cleared _____ (attach notice) _____

Please read the following statements and answer appropriately:

Yes No

- | | | |
|--|-----|-----|
| 1. I know the phone number and address of this home. | ___ | ___ |
| 2. I know the phone number to reach the provider and other emergency contacts. | ___ | ___ |
| 3. I have been instructed in the use of 911 for emergencies requiring ambulance, fire and police. | ___ | ___ |
| 4. I have been shown the location of the fire extinguisher(s) | ___ | ___ |
| 5. I know the location of the fuse box and utility shut-off. | ___ | ___ |
| 6. I have been oriented in fire drill procedures, and can demonstrate the ability to evacuate all individuals within 3 minutes to the closest point of safety. | ___ | ___ |
| 7. I have been introduced to all the individuals in the home. | ___ | ___ |
| 8. I have been shown the location of and have access to the individuals records and blank forms. | ___ | ___ |
| 9. I have reviewed all individual ISP's and understand how to meet the needs and preferences of each individual. | ___ | ___ |
| 10. I know where food is stored and understand menu, snack preparation and any special diet requirements | ___ | ___ |
| 11. I have been instructed and know how to assist individuals with all transfers (ie. on/off toilets, chairs, beds) | ___ | ___ |

Please read, sign and date the following statements:

Provider

I have provided the above-mentioned orientation and individual specific training to ensure the substitute caregiver has a clear understanding of job responsibilities. The caregiver has demonstrated the understanding of written and oral orders, can communicate in English with individuals and others, and is able to respond appropriately to emergency situations at all times. I understand that I am responsible for the supervision, training and overall conduct of caregivers when acting within the scope of their employment, duties, or when present in the home.

Signature _____ Date _____

Address of the AFH-DD _____

Caregiver

I have received the substitute caregiver orientation and accept the responsibilities necessary to provide care for an adult who has a disability. I further understand that a qualified caregiver must be present and available at all times when individuals are in the home.

Signature _____ Date _____

Address of the AFH-DD _____

